

SAVINGS PLUS PROGRAM**457 Deferred Compensation Plan****PLAN TO PLAN TRANSFER CERTIFICATION****(Other Entity to State of California)**

SPP 662 rev. 12/99

**PARTICIPANT INFORMATION**

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER --- ---
ADDRESS			DATE OF BIRTH --- MONTH DAY YEAR
CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER WITH AREA CODE ()

Privacy Statement - The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Savings Plus Program for purposes of information and account processing and will be kept confidential in accordance with the Information Practices Act. It is mandatory that you furnish all information requested on this form. Failure to provide such information may result in actions requested not being processed.

EMPLOYMENT INFORMATION/CERTIFICATION OF AUTHORIZED PLAN AGENTS

OLD EMPLOYER & DEFERRED COMPENSATION PLAN NAME	
ADDRESS	
CERTIFICATION BY AUTHORIZED AGENT OF ELIGIBLE PLAN TRANSFERRING FUNDS <i>THIS IS TO CERTIFY THAT THE ABOVE NAMED PARTICIPANT WAS ENROLLED IN THE AFOREMENTIONED PLAN, WHICH IS AN ELIGIBLE PLAN ESTABLISHED UNDER IRS CODE 457.</i>	
_____ AUTHORIZED AGENT	_____ OFFICE PHONE NUMBER

NEW EMPLOYER & DEFERRED COMPENSATION PLAN NAME	
STATE OF CALIFORNIA / SAVINGS PLUS PROGRAM 457 DEFERRED COMPENSATION PLAN	
ADDRESS	
1800 15 TH STREET, SACRAMENTO, CA 95814-6614	
CERTIFICATION OF AUTHORIZED AGENT OF ELIGIBLE PLAN RECEIVING FUNDS <i>THIS IS TO CERTIFY THAT THE ABOVE NAMED PARTICIPANT IS CURRENTLY ENROLLED IN THE SAVINGS PLUS PROGRAM 457 DEFERRED COMPENSATION PLAN. WE AGREE TO A TRANSFER OF FUNDS FROM THE AFOREMENTIONED PLAN, WHICH IS AN ELIGIBLE PLAN ESTABLISHED UNDER IRS CODE 457.</i>	
_____ AUTHORIZED AGENT	_____ OFFICE PHONE NUMBER

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**INVESTMENT FUND ALLOCATION**

INVESTMENT FUNDS	ENTER DOLLAR AMOUNT TO BE ALLOCATED TO INVESTMENT OPTIONS
Insurance Investment Fund Plus	
Vanguard Money Market Reserves (Prime Portfolio)	
Savings Pool	
U. S. Treasury Short-Term Fund	
Vanguard Fixed Income Securities Fund (GNMA)	
Vanguard Fixed Income Securities Fund (Long -Term Corporate)	
U. S. Treasury Intermediate-Term Treasury	
Calvert Social Investment Fund (Managed Growth Fund)	
Vanguard Wellington Fund	
T. Rowe Price International Stock Fund	
Highmark Value Momentum Fund	
T. Rowe Price Equity Income Fund	
T. Rowe Price Growth and Income Fund	
S&P 500 Index Fund	
Vanguard Morgan Growth Fund	
T. Rowe Price New Horizons Fund	
TOTAL	

CHECK INFORMATION – Check must be made payable to Boston Safe Deposit & Trust Co., for benefit of the named participant. There is a fee of \$25.00 for processing this transaction. A separate check or money order made payable to the Department of Personnel Administration must be submitted with this form.

PARTICIPANT CERTIFICATION

I CERTIFY I WAS ENROLLED IN THE STATE OF CALIFORNIA SAVINGS PLUS PROGRAM 457 DEFERRED COMPENSATION PLAN, WHICH IS A REQUIREMENT OF A PLAN TO PLAN TRANSFER. I HEREBY AGREE TO THE TERMS OF THE PLAN AND REQUEST MY PLAN TO PLAN TRANSFER BE DIRECTED AS INDICATED ABOVE.



 PARTICIPANT SIGNATURE

 DATE

If you have any questions, please call (800) 827-5000 between 8:30 a.m. and 4:00 p.m. Monday – Friday, to speak with a Savings Plus Program Representative.

Mail this form with check to:
 Savings Plus Program
 1800 15th Street
 Sacramento, CA 95814-6614